U.S. Department of Labor Office of Labor-Management Standards Machinedrop, DC 20210 LABOR ORGANIZATION OFFICER AND

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as apecified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of interest, Transaction, or income. 7.b. Amount. Street Signature 15. Signature and verification. The undersigned decisres, under penalty of Pedjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	For Official Use Only		esult in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.			
1. File Number U -		READ THE INSTRUCTIONS CAREF	ULLY BEFORE PREPARING THIS REPORT.			
3. Name and address of person filing. Name CHRISTINE BOARDMAN Name SELI, U. LOCAL 73 Labor Organization File Number BOARDMAN P.O. Box, Bidg., Room No., if any #500 Street TIGS N. CLARK ST. City CHICAGO City CHICAGO City CHICAGO State IL ZIP Code + 4 BOBIO Enter appropriate data below II, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interest in concellary value from an employer whose employees your organizations set forth in the instructions): A. Hald an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonelary value from an employer whose employees your organization represents or is actively seeking to represent. P.O. Box, Bidg., Room No., if any Trade Name, if any: Street Signature Trade Name, if any: Signature and verification. The undersigned declares, under penalty of Pedjury and other applicable penalties of the law, that all of the informatic submitted in this report (including he information contained in any accompanying documents), has been examined by the signatory and is, to the best our deninger of the helion. The undersigned declares, under penalty of Pedjury and other applicable penalties of the law, that all of the informatic submitted in this report (including he information contained in any accompanying documents), has been examined by the signatory and is, to the best our deningered in knowledge and belief. True, correct, and complete, (See the section on penalties in the instructions.)	E					
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P.O. Box, Bidg., Room No., if any #500 Street 1165 N. CLARK ST. City CHICAGO State 1/C ZIP Code +4 6000 State 1/C ZIP Code +4 6000 Enter appropriate data below if, during the past fiscal year, you or your apprase or minor child directly or indirectly had any of the following interest [accept as specified in the exclusions set forth in the instructions]: A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7. A. Nature of interest, Transaction, or income. 7. A. Nature of interest, Transaction, or income. 7. B. Nature of interest, Transaction, or income. 7. A. Nature of interest, Transaction, or income. 7. A. Nature of interest, Transaction, or income. 7. A. Nature of interest, Transaction, or income. 8. Signature 15. Signature 15. Signature and verification. The undersigned decieres, under penelty of Pedjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best our chargenged storewise and belief, true, correct, and compilete. (See the section on penalties in the instructions.)	Name and address of person filing.		Name, file number, and address of labor organization.			
P.O. Box, Bidg., Room No., if any #500 Street TIGS N. CLARK ST. Street TIGS N. CLARK ST. Street TIGS N. CLARK ST. City CHICAGO Chic	Name CHRISTINE	BOARDMAN	Name S.E.1.4. LOCAL 73			
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Signed Unishe Boarding on 8.14.05 (312) 787-5868		ndersigned declares, under penalty of I	Perjury and other applicable penalties of the law, that all of the information			
	Signed Unishe	Boarding	- on 8.14.05 (312) 787-5868			

Name of Person Filing CHRISTINE BOARD,	MAN	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business dively seeking to represent, or policed by to, or otherwise	3		
8. Name and address of Business (including trade name, if any). Name SEIU LOCAL 73 HEALTH FUND Trade Name, if any: P.O. Box, Bidg., Room No., if any #500 Street //65 N. CLARK ST. City CH/CAGO State // ZIP Code +4 60610	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SEIU LOCAL 73 HEALTH FUND Trade Name, if any: P.O. Box, Bidg., Room No., if any #500	11.a. Nature of such dealing UNION TRU A FIDUCIAR FUND	USTEE A		
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	12.b. Amount.		5602.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., If any				
Street				
City				
State ZIP Code +4				
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.	VII vi		1

Name of Person Filing CARISTINE BOARD A	MAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	rerwise dealing with the business ictively seeking to represent, or indirectly to or otherwise	3	
8. Name and address of Business (including trade name, if any). Name AMALGAMATED BANK L460R COUNCIDE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE WEST MONROE City CHICAGO State IL ZIP Code +4 60603	9. Business deals with: a. Lebor Organizat b. Trust c. Employer	ion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name AMALGAMATED IS ANK of CH-ICAGN Trade Name, If any: P.O. Box, Bidg., Room No., If any Street ONE WEST MONROE City CHICAGO State 7L ZIP Code + 4 60603	11.a. Nature of such dealin SIT AS A ME COUNCIL AD WHICH Meet 11.b. Approximate dollar value 12.a. Nature of interest held STIPEND OF CONTINGENT QUALTERLY L'IN 2004.	of such dealing. or income received. I Section 4-1 of Meeting.	CEIVED
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		